

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000007095

**Entity Name:** TRACY GWINN FAMILY DAYCARE INC.

**Current Principal Place of Business:**

1847 OAKLAND PARK DR  
LAKE WALES, FL 33898

**Current Mailing Address:**

1847 OAKLAND PARK DR  
LAKE WALES, FL 33898 US

**FEI Number:** 38-3897643

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

GWINN, TRACY  
1847 OAKLAND PARK DR  
LAKE WALES, FL 33898 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P/T  
Name GWINN, TRACY  
Address 1847 OAKLAND PARK  
City-State-Zip: LAKE WALES FL 33898

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TRACY GWINN

MRS

04/26/2025

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date